



**CREDIT CARD
AUTHORIZATION
B-29**

Development Services

Building Division

1635 Faraday Avenue

760-602-2719

www.carlsbadca.gov

Credit Card Payment Authorization

Company/Person Name: _____

I authorize the City of Carlsbad to charge my Visa or Mastercard for payment of services provided as I have indicated below.



Card #: _____

Expiration Date: _____



Card#: _____

Expiration Date: _____

Total Amount to be Charged: \$ _____ (Maximum \$5000 charge per transaction)

Apply Payment To: _____

Cardholders' Name (Please Print) _____

Address Where Credit Card Billing Statement Is Sent _____

Cardholder's Signature _____

Fax to: (760) 602-8558